125.9		P. O. Box 136, Jackson, MS	0205 0126			
ADMINISTRATIVE PROCEDURES		1 . O. DOX 130, Jackson, IVIS 2	19203-0130			
AGENCY NAME		CONTACT PERSON		TELEPHONE N	IUMBER	
Division of Medicaid		Margaret Wilson	(601) 359-5248			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL Margaret.Wilson@medicaid.ms.gov	NOV 0 3 2016	Name or number of rule(s): Chapter 1: HCBS Elderly and Disabled (E&D) Waiver Rules 1.1, 1.4, 1.6, New Rule 1.13; Chapter 2: HBCS Independent Living (IL) Waiver, Rules 2.1, 2.5, New Rule 2.12; Chapter 3: HCBS Assisted Living (AL) Waiver, Rules 3.4, 3.6, New Rule 3.15; Chapter 4: HCBS Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver, Rules 4.1, 4.5, New Rule 4.12;				
		Chapter 5: HCBS Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver, Rule 5.3, 5.5, 5.8, 5.12, New Rule 5.14; Chapter 7: 1915(i) HCBS, Rule 7.3, 7.5, 7.6, 7.8, 7.9, New Rule 7.10.				
Short explanation of rule/amendment/r CFR §§ 441.301(c), 441.710(a) (1)-(2). Specific legal authority authorizing the p					250 15	
441.301, 431.53, 440.170(a), 440.180(b) List all rules repealed, amended, or susp)(9), 441.302; Miss. pended by the prop	Code Ann. § § 41-4-7, 43-13-	117, 43-13-1	L21		
5.3, 5.5, 5.8, 5.12, 5.14, 7.3, 7.5, 7.6, 7.8 ORAL PROCEEDING:	, 7.10					
☐ An oral proceeding is scheduled for t☑ Presently, an oral proceeding is not s						
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request should notice of proposed rule adoption and should incluagent or attorney, the name, address, email addrecomment period, written submissions including an	ceeding must be held if build be submitted to the de the name, address, e ess, and telephone numb	a written request for an oral proceed agency contact person at the above mail address, and telephone numbe per of the party or parties you repres	e address within or of the person sent. At any time	n twenty (20) da (s) making the re ne within the tw	eys after the filing of this equest; and, if you are an venty-five (25) day public	
ECONOMIC IMPACT STATEMENT:						
Economic impact statement not requ	uired for this rule.	Concise summary of e	conomic imp	act stateme	nt attached.	
TEMPORARY RULES	PROPOS	PROPOSED ACTION ON RULES		FINAL ACTION ON RULES		
Original filing	Action propose	Action proposed:		Date Proposed Rule Filed: Action taken:		
Renewal of effectiveness	X_ New rul		A STATE OF THE PROPERTY OF THE PARTY OF THE		changes in text	
To be in effect in days Effective date:		ment to existing rule(s)	Adopted with changes			
Immediately upon filing		Repeal of existing rule(s) Adoption by reference		Adopted by reference Withdrawn		
Other (specify):	Proposed final	Proposed final effective date:		Repeal adopted as proposed		
	30 days	after filing AN 0 1 2017	Effective da			
	X Other (s	specify): 3711 0 1 2011		ays after filinger (specify):	5	
Printed name and Title of person aut	horized to file rul	es: David I-Dzietak Ph D				
Signature of person authorized to file		Juil / Jul	Link	Director		
	DO NOT V	VRITE BELOW THIS LINE				
OFFICIAL FILING STAMP	OFFI	CIAL FILING STAMP	О	FFICIAL FILIN	IG STAMP	
	F	OV 0 3 2016	o*	×		
,		TARY OF STATE				

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by #22364

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